OTPE									
SEP 2 0 2004 B									
32. 2 3 200g			Application Number		PTO/SB/21 (08-00) 10/082,101				
TRANSMITTAL FORM			Filing Date		February 26, 2002 Hajime KIMURA				
			First Named Inventor						
			Group Art Unit		2625				
(to be used for all correspondence after initial filing)			Examiner Name		S. Perungavoor				
Total Number of Pages in This S	iluai iliirig)	Attorney Docket Number		0756-2444					
		ENCL OSUR	ES (check all that apply	<u>'</u>					
Fee Transmittal Form Fee Attached Draw Decl. Attor After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) (for a (for a (for a (for a (for a Draw Decl. Attor Petit Prov Char Addr Term Document(s)		CD, Nu	ation and Power of y ng-related Papers to Convert to a onal Application of Attorney, Revocation e of Correspondence		After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosures 1. RCE 2. 3. 4. 5. 6.				
Response to Missing Parts under 37 CFR 1.52 or 1.53				by authorized to charge any additional payments to Deposit Account No. 50-ocket number.					
	SIGNATU	RE OF APPL	ICANT, ATTORNEY, C	OR AC	GENT				
Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165								
Signature	5	4							
Date	Septemb	er 27, 2005							
		CERTIFI	CATE OF MAILING						
I hereby certify that this corresponders mail in an envelope address indicated below.	ondence is be ssed to: Corr	eing deposited nmissioner for F	with the United States Post Patents, P.O. Box 1450, Ale	tal Se exand	rvice with sufficient postage as first ria, VA 22313-1450 on the date				
Type or printed name	A	dele M	lele M Stamper						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

September 27, 2005

Date

Under the Paperwork R	teduction Act of 199	5, no persons ar	e require	ed to re	spond					MB control number
FEE TRANSMITTAL			re required to respond to a collection of information unless it displays a valid OMB control number Complete if Known							
			Application Number			er	10/082,101			
			Filing Date				February 26, 2002			
SEP 2 9 2005 (a) FOR FY 2005			First Named Inventor			or	Hajime KIMURA			
	Effective 10/ft 2004. Patent fees are subject to annual revision.			Examiner Name			S. Perungavoor			
☐ Applicant laims small entity	status. See 37 CFR		Group Art Unit				2625			
Application of PAYMI	ENT (\$)	910.00	Attorney Docket No. 0756-2444							
	F PAYMENT		FEE CALCULATION (continued)							
1. The Commissioner is hereby	authorized to charge in	dicated	3. A	DDIT	ONAI	FEES	3			
fees and credit any overpaym	nents to:			Larg Entit		Small Entity				
Deposit Account Number 50-2280			Fee		Fee	Fee				
			Code	(\$)	Code	(\$)	Fee Desc	ription		Fee Paid
			1051	130	2051	65 5	Surcharge – late fil	ing fee or oath		
Deposit Robinson Intellectual Property			1052	50	2052	25 5	Surcharge – late pr	ovisional filing f	ee or cover sheet	
Account Low Office	enectual Propert	y	1053	130	1053	130 1	Non-English specif	fication		
Name Law Office			l							
Charge Any Additional Fee I	Required		1812				For filing a request	-		
Under 37 CFR 1.16 and 1.17			1804		1804		Requesting publica			
credit overpayments			1805 1	•		•	Requesting publica			
Applicant claims small entity	y status.		1251	120	2251	60 I	Extension for reply	within first mon	ith	\$120.00
See 37 CFR 1.27 2. Payment Enclosed:			1252	450	2252	225 H	Extension for reply	within second n	nonth	
1 <u> </u>	п.,	п.,	1253	1020	2253	510 H	Extension for reply	within third mo	nth	
Check Credit Card	∐ Money Order	☐ Other	1254	1,590	2254		Extension for reply			
FEE CALC	CULATION		1255	2,160	2255	1080 I	Extension for reply	within fifth mor	nth	
1. BASIC FILING FEE			1401	500	2401	250 1	Notice of Appeal			
Large Entity Small Entity			1402	500	2402	250 F	Filing a brief in sup	port of an appea	d	
Fee Fee Fee Fee Code (\$)	Fee Description	Fee Paid	1403	1000	2403	500 F	Request for oral he	aring		
1	Utility filing fee		1451	1,510	1451	1,510 F	Petition to institute	a public use pro-	ceeding	
1111 500 2111 250 Search fee 1311 200 2311 275 Examination fee Over 100 Sheets/250 for each additional 50			1452	500	2452	250- F	Petition to revive -	unavoidable		
			1453	1,500	2453	750 F	Petition to revive -	unintentional		
			1501	•	2501		Utility issue fee (or	reissue)		
			1502	800	2502		Design issue fee			
	<u></u>		1503 1462	1100 400	2503 1462		Plant issue fee Petitions, Group I			
SUBTO	TAL (1) (\$)		1463	200	1463		etition, Group II			
2. EXTRA CLAIM FEES			1464 1807	130 50	1464 1807		etitions, Group III Processing fee unde	er 37 CR 1 17(a)		
2. EXTRA CLAIM FEES Fee from			1806	180	1806		Submission of Info	, -		
	a Claims below 0 X \$50 =	Fee Paid	9021	40	8021	40 T	Dagardina asab sat		per property (times	
Total Claims 16 -20**	<u> </u>	·	8021	40	8021		number of propertie		er property (times	
Independent 8 -10** = Claims	0 X \$200 =	: []	1809	790	2809		Filing a submission 1.129(a))	after final reject	tion (37 CFR	
Multiple Dependent	=	:	1810	790	2810	395 F	or each additional	invention to be	examined (37 CFR	
Large Entity Small Entity			1801	790	2801		§ 1.29(b)) Request for Continu	ued Evamination	(PCE)	\$790.00
Fee Fee Fee I	Fee Description		1001	190	2001	373 F	request for Continu	ucu examination	(KCL)	\$790.00
Code (\$) Code	(\$)	,	1802	900	1802		Request for expedit	ed examination	of a design	
1202 50 2202 25	Claims in excess of 20		Other f	ee (spec	eifv)	a	ррпсаноп			
1201 200 2201 100	Independent claims in e	xcess of 3		(Spec	, /		- C			
1203 360 2203 180 Multiple dependent claim, if not paid				ced by	Basic Fi	ling Fee	Paid	SUBTOTAL (3	(\$) 910.00	
1204 200 2204 100 ** Reissue independent claims over										
original patent 1205 50 2205 25 ** Reissue claims in excess of 20 and			CERTIFICATE OF MAILING							
over original patent			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria,							
SUBTOTAL (2) (\$)			VA 22313-1450, on September 27, 2005.							
**or number previously paid, if gre	- Ottor - Ottor - Del									
SUBMITTED BY								Complete (if		
Name (Print/Type) Eric J. Robinson			Registration No. (Attorney/Agent) 38,285 Telephone (571) 434-6789				9			
			(Attor	ney/Ag	ent)	<u></u>		po		

Signature